

County: Dodge
CONTINENTAL MANOR HEALTH & REHABILITATION
502 SOUTH HIGH STREET

Facility ID: 2370

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RANDOLPH 53956 Phone:(920) 326-3171
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 84
Total Licensed Bed Capacity (12/31/02): 84
Number of Residents on 12/31/02: 75

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 80

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						44.0			
Supp. Home Care-Personal Care	No						49.3			
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	2.7	More Than 4 Years			6.7
Day Services	No		Mental Illness (Org./Psy)	42.7	65 - 74	9.3				-----
Respite Care	Yes		Mental Illness (Other)	2.7	75 - 84	28.0				100.0
Adult Day Care	Yes		Alcohol & Other Drug Abuse	0.0	85 - 94	54.7	*****			
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.3	Full-Time Equivalent			
Congregate Meals	No		Cancer	4.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No		Fractures	4.0		100.0	(12/31/02)			
Other Meals	No		Cardiovascular	2.7	65 & Over	97.3	-----			
Transportation	No		Cerebrovascular	13.3		-----	RNs			11.4
Referral Service	No		Diabetes	10.7	Sex	%	LPNs			10.4
Other Services	No		Respiratory	8.0	-----	-----	Nursing Assistants,			
Provide Day Programming for			Other Medical Conditions	12.0	Male	26.7	Aides, & Orderlies			
Mentally Ill	No			-----	Female	73.3	51.4			
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			1	2.1	122	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.3
Skilled Care	11	100.0	309			46	97.9	104	0	0.0	0	17	100.0	150	0	0.0	0	0	0.0	0	74	98.7
Intermediate	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0				47	100.0		0	0.0		17	100.0		0	0.0		0	0.0		75	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				

Percent Admissions from:		% Needing Assistance of			Total	
		Activities of	%	One Or Two Staff	% Totally	Number of
Private Home/No Home Health	11.7	Daily Living (ADL)	Independent		Dependent	Residents
Private Home/With Home Health	0.0	Bathing	6.7	65.3	28.0	75
Other Nursing Homes	1.8	Dressing	9.3	76.0	14.7	75
Acute Care Hospitals	82.9	Transferring	25.3	54.7	20.0	75
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	14.7	60.0	25.3	75
Rehabilitation Hospitals	0.0	Eating	48.0	37.3	14.7	75
Other Locations	3.6	*****				
Total Number of Admissions	111	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	4.0		Receiving Respiratory Care	14.7
Private Home/No Home Health	33.9	Occ/Freq. Incontinent of Bladder	72.0		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	8.7	Occ/Freq. Incontinent of Bowel	57.3		Receiving Suctioning	0.0
Other Nursing Homes	2.6				Receiving Ostomy Care	5.3
Acute Care Hospitals	6.1	Mobility			Receiving Tube Feeding	1.3
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	18.7
Rehabilitation Hospitals	0.0					
Other Locations	7.0	Skin Care			Other Resident Characteristics	
Deaths	41.7	With Pressure Sores	0.0		Have Advance Directives	100.0
Total Number of Discharges		With Rashes	4.0		Medications	
(Including Deaths)	115				Receiving Psychoactive Drugs	65.3

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.2	85.1	1.12	88.5	1.08	86.7	1.10	85.1	1.12
Current Residents from In-County	68.0	75.4	0.90	72.5	0.94	69.3	0.98	76.6	0.89
Admissions from In-County, Still Residing	20.7	20.1	1.03	19.5	1.06	22.5	0.92	20.3	1.02
Admissions/Average Daily Census	138.8	138.3	1.00	125.4	1.11	102.9	1.35	133.4	1.04
Discharges/Average Daily Census	143.8	139.7	1.03	127.2	1.13	105.2	1.37	135.3	1.06
Discharges To Private Residence/Average Daily Census	61.3	57.6	1.06	50.7	1.21	40.9	1.50	56.6	1.08
Residents Receiving Skilled Care	100	94.3	1.06	92.9	1.08	91.6	1.09	86.3	1.16
Residents Aged 65 and Older	97.3	95.0	1.02	94.8	1.03	93.6	1.04	87.7	1.11
Title 19 (Medicaid) Funded Residents	62.7	64.9	0.97	66.8	0.94	69.0	0.91	67.5	0.93
Private Pay Funded Residents	22.7	20.4	1.11	22.7	1.00	21.2	1.07	21.0	1.08
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.6	0.00	7.1	0.00
Mentally Ill Residents	45.3	30.3	1.50	36.5	1.24	37.8	1.20	33.3	1.36
General Medical Service Residents	12.0	23.6	0.51	21.6	0.56	22.3	0.54	20.5	0.59
Impaired ADL (Mean)	50.4	48.6	1.04	48.0	1.05	47.5	1.06	49.3	1.02
Psychological Problems	65.3	55.2	1.18	59.4	1.10	56.9	1.15	54.0	1.21
Nursing Care Required (Mean)	5.5	6.6	0.83	6.3	0.88	6.8	0.81	7.2	0.76